

**TRANSMITTAL OF
UTILITY
APPLICATION
UNDER 37
C.F.R. §1.53**

Attorney Docket No.

24731-500C

First named inventor

Micheal L. Gruenberg

Express mail label #

EL147701065US

Date of mailing

July 31, 1998

jc526 U.S. PTO
09/127411

Application Elements

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 90 pages
(including claims and Abstract)
 - a. Title: AUTOLOGOUS IMMUNE CELL THERAPY:
CELL COMPOSITIONS, METHODS AND
APPLICATIONS TO TREATMENT OF HUMAN
DISEASE
 - b. Number of claims: 153 (as originally
filed)
3. ☐ ___ sheets of drawings with ___ Figs.
4. ☒ Unexecuted new Declaration listing name of
inventor, and new correspondence address for
attorney; copy of Declaration from prior
application
5. ☐ Sequence Listing
 - ☐ Paper copy (identical to computer copy)
 - ☐ Computer readable copy
 - ☐ Verified statement

Accompanying Application Papers

6. ☒ Copy of assignment from prior
7. ☒ Copy of Small Entity Statement
filed in prior application
8. ☒ Preliminary Amendment
9. ☒ Return Receipt Postcard

SIGNATURE OF ATTORNEY/AGENT

HELLER EHRMAN WHITE & McAULIFFE


Stephanie Seidman

Registration Number: 33,779

☒ Divisional application of prior application No: 08/700,565, filed July 25, 1996, which
claims the benefit of priority under 35 U.S.C. §119(e) to provisional application 60/044,693,
filed on July 26, 1995.

CORRESPONDENCE ADDRESS

NAME

Stephanie Seidman
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jc544 U.S. PTO
07/31/98

jc526 U.S. PTO
09/127411
07/31/98

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	6870-500C
	First named inventor	Micheal L. Gruenberg
	Express mail label	EL147701065US
	Date of mailing	July 31, 1998

FEE CALCULATION FOR CLAIMS AS AMENDED


a)	Basic Fee		\$ 790.00
b)	Independent Claims $\frac{2}{9} - 3 = \frac{0}{0}$	$\times \$ 82.00$	\$ 0.00
c)	Total Claims $\frac{9}{9} - 20 = \frac{0}{0}$	$\times \$ 22.00$	\$ 0.00
d)	Fee for Multiple Dependent Claims - \$260.00		\$ 0.00
TOTAL FILING FEE			\$ 790.00

[X] Executed Statement(s) of Status as Small Entity in Parent application reducing Fee by one-half to \$ 395.00

[] A check in the amount of \$395.00 to cover the fee for filing the application.

[X] Charge \$395.00 to Deposit Account No. 08-1641

[X] The Commissioner is hereby authorized to charge any fees, including the filing fee and additional claim fees, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 08-1641. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-1641 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS			
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Submitted by:			
Typed or printed name	Stephanie Seidman		Reg. Number 33,779
Signature		Date 07/31/98	Deposit Account 08-1641